Initial Application for Permit $\ \square$

Date Received:



Town of Bedford BOARD OF HEALTH

BOARD OF HEALTH

Town Center Building 12 Mudge Way Bedford MA 01730-2170

Faye Andrews, Health Agent

Phone: 781-275-6507 Fax: 781-687-6157

Food Establishment - Initial Permit Application

(Application must be submitted at least 30 days before the planned opening date)

| 1) Establishment Name: | | | | | | | |
|--|--|--|--|--|--|--|--|
| 2) Establishment Address: | | | | | | | |
| 3) Establishment Mailing Address (if different): | | | | | | | |
| 4) Establishment Telephone | No: Establishment FAX No: | | | | | | |
| 5) Applicant Name & Title: | | | | | | | |
| 6) Applicant Address: | | | | | | | |
| 7) Applicant Telephone No: | 24 Hour Emergency No: | | | | | | |
| 8) Owner Name & Title (if different from applicant): | | | | | | | |
| 9) Owner Address (if different from applicant): | | | | | | | |
| 10) Establishment Owned By: An association A corporation An individual A partnership Other legal entity | 11) If a corporation or partnership, give name, title, and home address of officers or partner. Name Title Home Address | | | | | | |
| 12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.) | | | | | | | |
| Name & Title: | | | | | | | |
| Address: | | | | | | | |
| Telephone No: | Fax: | | | | | | |
| Emergency Telephone No: | Emergency Telephone No: | | | | | | |
| 13) District Or Regional Supervisor (if applicable) | | | | | | | |
| Name & Title: | | | | | | | |
| Address: | | | | | | | |
| Telephone No: | Fax: | | | | | | |

Food Establishment Information

| . ood Edward morning | | | | | | | | |
|---|---|---------|--|---------------------------|---|--|--|--|
| 14) | Water Source: TOWN | | 15) | 15) Sewage disposal: TOWN | | | | |
| DEI | Public Water Supply No: (if | | | | | | | |
| 16) Days and Hours of Operation: | | | | | No. of Food Employees: | | | |
| 18) | 18) Name of Person In Charge Certified in Food Protection Management: Required as of 10/1/2001in accordance with 105 CMR 590.003(A) Please attach copy of certificate. | | | | | | | |
| 19) | 19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No | | | | | | | |
| | (check one) Permanent Structure Mobile (| | □ Food Service – (Seats)□ Food Service – Takeout | | Caterer Food Delivery Residential Kitchen for Retail Sale Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast Establishments Frozen Dessert Manufacturer | | | |
| 0 | Annual Seasonal/Dates: | | | | | | | |
| | Temporary/Dates/Time: | | | | | | | |
| 23) | | itions: | PHF – potentially hazardous food(time/ter Non-PHFs – non-potentially hazardous fo | od (n | o time/temperature controls required) | | | |
| (ch | eck all that apply): | | | s, sala | nds, muffins which need no further processing) | | | |
| | Sale of Commercially Pre- Packaged Non-PHFs | | PHF Cooked To Order | | Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service. | | | |
| | Sale of Commercially Pre- Packaged PHFs | | Preparation Of PHFs For Hot And Cold Holding For Single Meal Service. | | PHF and RTE Foods Prepared For Highly Susceptible Population Facility | | | |
| | Delivery of Packaged PHFs | - | Sale Of Raw Animal Foods Intended to be Prepared by Consumer. | | Vacuum Packaging/Cook Chill | | | |
| | Reheating of Commercially Processed Foods For Service Within 4 Hours. | | Customer Self-Service | | Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control) | | | |
| Customer Self-Service Of Non- PHF and Non-Perishable Foods Only. | | | Ice Manufactured and Packaged for Retail Sale | | Offers Raw Or Undercooked Food Of Animal Origin. | | | |
| | □ Preparation Of Non-PHFs | | Juice Manufactured and Packaged for Retail Sale | | Prepares Food/Single Meals for Catered Events or Institutional Food Service | | | |
| Other (Describe): | | - | Offers RTE PHF in Bulk Quantities | | | | | |
| | | | Retail Sale of Salvage, Out-of Date or Reconditioned Food | | | | | |
| I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code. 24) Signature of Applicant: Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law. | | | | | | | | |
| 25) Social Security Number or Federal ID: | | | | | | | | |
| 26 | 26) Signature of Individual or Corporate Name: | | | | | | | |

BEDFORD BOARD OF HEALTH FEE SCHEDULE

| Food Service Establishment Permits | | |
|---|-------|---------------------------|
| Food Service, Base Fee for up to 100 seats | \$150 | February 28 – Expire date |
| Food Service, 101-200 Seats | \$250 | Lapire date |
| Food Service, 101-200 Seats Food Service, 201-300 Seats | \$350 | |
| | \$450 | |
| Food Service, 301-400 Seats | \$550 | |
| Food Service, over 400 Seats | \$330 | |
| *Retail Food, Small Scale | \$20 | |
| ** Retail Food | \$150 | |
| ***Retail Food, Supermarket | \$300 | |
| Tream 1 00 d, Supermune | | |
| Mobile Unit/Push Cart | \$50 | |
| Residential Kitchen | \$50 | |
| Function Halls | \$100 | |
| Church Kitchen | \$0 | |
| Temporary Food Establishment | \$25 | |
| Caterers | \$75 | |
| Frozen Dessert Manufacturer's License | \$25 | |
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| Notes: | | |
| * Retail food, Small Scale = less than 18 sq. | | |
| ft. floor space, with sale of only "Non- | | |
| Potentially Hazardous" foods. | | |
| ** Retail food, up to 3500 sq. ft. floor space | | |
| of food operations. | | |
| *** "Supermarket" = greater than 3500 sq. ft. | | |
| floor space of food operations. | | |
| space of 1000 operations. | | |
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